

Elease D. Reed
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08/817438	FILING DATE		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1			51			
2		1		1		52			
3		2		1		53			
4		1		1		54			
5	1		1			55			
6	1		1			56			
7	1		1			57			
8	1		1			58			
9	1		1			59			
10	1		1			60			
11						61			
12						62			
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44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2		2			TOTAL IND.			
TOTAL DEP.		↓	2	↓	↓	TOTAL DEP.	↓	↓	
TOTAL CLAIMS	11	[REDACTED]	10	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	